


Organization of BU case management in the
DR of the Congo: the case of the
IME/Kimpese hospital in Bas-Congo province

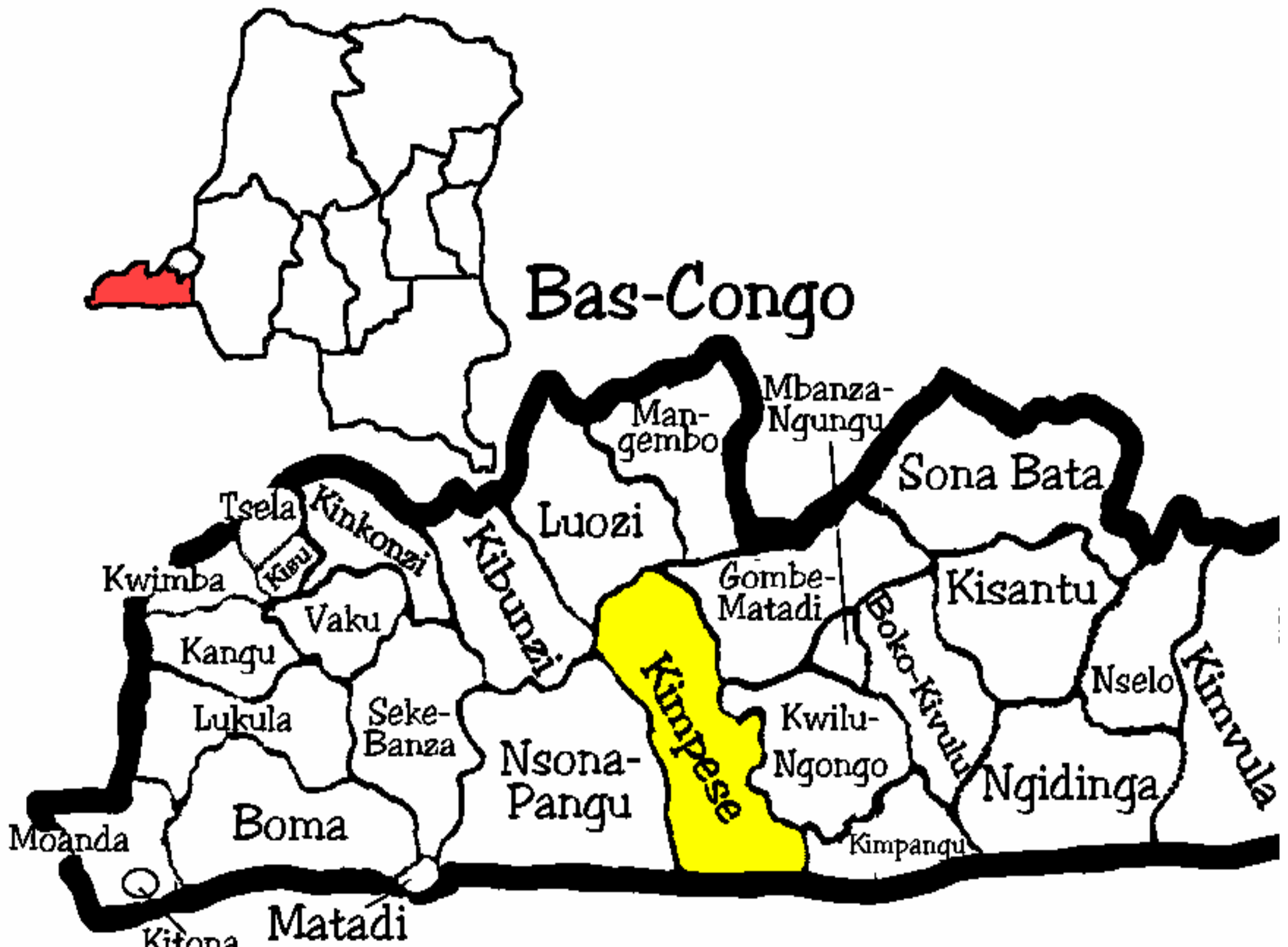


Bas-Congo, DRC

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A. Where is IME/Kimpese?

- DR of the Congo
- Bas-Congo Province:
 - * 53 920 km²
 - * 2 835 000 inhabitants
- Cataractes district
- Songololo territory
- 220 km south-west of Kinshasa
- GH of Kimpese RHA:
 - * 3 900 km²
 - * 160 442 inhabitants



- Its geographical location in the province;
- Its location on the BU map;
- Its infrastructure and reputation throughout the province since 1950 (missionary and medical training centre);
- Its leading role in leprosy and tuberculosis control



mean that it has a central role to play in BU control in Bas-Congo.

B. Background




- Cases notified in all provinces of DRC except the 2 Kasai (Kleinschmidt, Janssens, Van Oye, Pattyn, Gatti, Hennebert, Andersen, Smith, Meyers..)
- First case in DRC notified in 1950 (Van Oye et Ballion);
- Many cases observed by Kleinschmidt between 1923 and 1964 in orientale province;

- 1965, Andersen: 28 patients, IME/Kimpese;
- 1970, Smith: 97 patients, IME/Kimpese and Nsona-Mpangu
- 1974, Meyers: 39 patients, IME/Kimpese;
- 1970-1974, Portaels: environmental investigation for mycobacteria;
- 1999, Kashongwe: 23 patients, IME/Kimpese;
- Since 2001, Bafende, Imposo, Nsiangana, Kibadi and Phanzu: at least 220 cases, IME/Kimpese;
- 2002 et 2004, Polman, Suykerbuyk et al.: environmental investigation

C. Development of a Buruli ulcer control project

I. Team composition

- 1 Pathologist;
- 1 Surgeon;
- 1 physician with specialized knowledge of dermatology,
Leprosy-TB coordinator for eastern Bas-Congo;
- 1 Physician specialized in BU;
- 1 Laboratory technician;
- 1 x-ray technician;

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- 1 Physiotherapist;
 - 1 Nutritionist;
 - 1 Chaplain.

“Christ’s servants freeing the world of Buruli ulcer”

II. Strategies with priority for control

Centred on five components of control as advocated by GBUI

- Improving facilities' management and treatment skills;
- Prevention of disabilities and physical rehabilitation;
- Feeding patients and psychological and social support for those affected;
- Stepping up IEC for the general public and community-based surveillance;
- Training and research.

III. Partners

The IME/Kimpese BU project collaborates at the:

- national: (PNLUB, LT Coordinating office, INRB, CUK)...and
- international: (WHO, IMT/Antwerp, ALM, EU (Burulico), MSV, PCD, “F.Miulli” Regional hospital, AFIP/Washington, Sasakawa Memorial) levels

IV Preliminary results (1)



- The Songololo focus is the main source of cases;
- Improved clinical case management of BU patients
- Zero default rate
- Gradual improvement in the availability of information in affected areas
- Annual admission rate trebled

IV Preliminary results (2)



- Confirmation of active forms attains 70%
- One year's follow-up post hospitalization for over 70% of patients
- BU recognized by the political, administrative and health authorities as a public health problem in endemic areas

D. Outlook (1)



- Institution of an operational community-based surveillance system;
- Determining the scale of BU in Cataractes district;
- Updating the province's Bu map;

D. Outlook (2)



- Improving treatment facilities to provide local case management;
- Development of a regional mycobacteriology laboratory;
- Clinical, epidemiological and environmental study of BU.